Complète and mail this form, together

PART B-ISSUE FEE TRANSMITTAL

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231



BA

(Depositor's name)

MORGAN, LEWIS & BOCKIUS LLP

MAILING INSTRUCTIONS: This form should be send for transplang the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. An arm of the second of the lasue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

009629 MORGAN, LEWIS & BOCKIUS 1800 M STREET NW WASHINGTON DC 20036-5869 PM82/0924

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Signature) (Date) DATE MAILED **EXAMINER AND GROUP ART UNIT** TOTAL CLAIMS FILING DATE APPLICATION NO. 3636 09/24/01 WHITE, R 09/422,067 10/21/99 028 First Named O Days. 35 USC 154(b) term ext. = BAPST, **Applicant**

TITLE OF INVENTION STAY IN VIEW CAR SEAT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL E	NTITY	FEE DUE	DATE DUE
3 044321-024	17 297-250	.100 M	29 UTI	LITY	NO	\$1,280.00 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name attorneys or PTO/SB/122) attached. (1) the name of the name o							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE MATTEL, INC. (B) RÉSIDENCE: (CITY & STATE OR COUNTRY) Segurido, CA Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Corporation or other private group entity government				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): X Issue Fee X Advance Order - # of Copies 10 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 50 - 0310 (ENCLOSE AN EXTRA COPY OF THIS FORM) X Issue Fee X Advance Order - # of Copies			
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the at (Authorized Signature) James A. Reed, Reg. No. 43,877 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney) or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.				plication identified 12/14/2001 01 FC:142 02 FC:351		0000007 0742	2067 1204.00 CP 30.00 CP